2016-05-31-03-00075977

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2016 MAY 31 AM 8: 02

						Office Use Only	
NAME OF COMMITTEE (in full)		(Check if name is changed)		mple: If typing, type the lines.	12FE4M5		
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ADDRESS (number and street) $P_{0} = 0 + B_{0} \times B_{0$							
(Check if address is changed)							
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COMMITTEE'S E-MAIL ADDRES	ss						
(Check if address is changed)	ILL	D.W.S.S. @.g.m.	اينه	1,0,0,m,,,			
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COMMITTEE'S WEB PAGE ADD						of mark and red on the	
(Check if address is changed)	die	moiciriatil	CIWI	omieinisioiuit	ihisi uibiui	ribisionvigi	
7. We 2	1						
	₹ 						
2. DATE 0,5	s) ' []	0,1,6,					
3. FEC IDENTIFICATION NUMBER ▶ \[C\0.06117.96\]							
4. IS THIS STATEMENT	ì	w (N) OR		AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer HATTIE HESTER							
Signature of Treasurer	Ø	atie Hes	ter		Date 0.5	25 20.16	
NOTE: Submission of false, erroneous; or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use Only				For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)	

FEC For	rm 1 (Revised 02/2009)	Page 2					
TYPE OF C							
Candidate	e Committee:						
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate							
Candidate Party Affiliation	Office Sought: House Senate President	State					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Committee:							
(d)		Democratic, epublican, etc.) Party.					
Political A	ction Committee (PAC):	,					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:					
202	Corporation Corporation w/o Capital Stock	Labor Organization					
	Membership Organization Trade Association	Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.	Ооорегануе					
(f) 🔀	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	regated fund or party					
	committee. (i.e., nonconnected committee)	, oganos ramo er pam,					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:							
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
Com	mittees Participating in Joint Fundraiser						
1.	FEC ID number						
2.	FEC ID number C						
3.	FEC ID number						
4.							

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Write or Type Committee Nam	ıe	
DEMOCRATIC	WOMEN OF THE SOUTH SUBUR	BS
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
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MONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
Cana		
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name H:AT	TILE I HESTER I I I I I I I I I I I I I I I I I I I	
Mailing Address	[29,3,8, I,M,P,E,R,1,A,L, C,T, , , , , , , , , ,	
	[F,L,O,S,S,MO,O,R] [F,L] [B,O,4	122-
Title or Position	CITY STATE	ZIP CODE
TREASIURER	Telephone number 7.0.0 - 3	65-6,258
Treasurer: List the name all any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Full Name of Treasurer	TILE NESTER	
Mailing Address	2938, IMPERIAL CIT	
		1_1_1_1_1_
		122- ZIP CODE
Title or Position		_
TREASURER	Telephone number $[7.0.9] - [3]$	b51-625B

Full Name of Designated HATTILE HESTER Mailing Address 12938 IMPERILAL CT	_				
Designated Agent HATTLE HESTER	_				
Agent HATTIE ITESTER	╝				
Mailing Address 12938 TMPERUAL GT					
Filiossimoioir					
Title or Position Title or Position Telephone number 708-365-625	<u>8</u>]				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.					
Name of Bank, Depository, etc.					
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Mailing Address [P] 0 B D X 16 4 7 9 9 1 1 1 1 1 1 1 1	لــا				
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SIT PAILL MIN 551164-1019	91				
CITY STATE ZIP CODE					
Name of Bank, Depository, etc.	_				
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Mailing Address L	<u>ب</u>				
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	Ш				
CITY STATE ZIP CODE					

DEMOCRATIC WOMEN
OF THE SOUTH SUBURBS
P.O. BOX 186
FLOSS MOOR IL 60472

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2016 MAY 31 AH 8: 29

PEDERAL ELECTION COMMISSION PASHINGTON, DC 20463

ATTN: PAUL STOETZER

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked 5 75/16	Date of Receipt 5 31116
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Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PREPARER (3/2015)	5 31 16 DATE PREPARED